



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/685,202	<b>FILING DATE</b> 10/10/2000 <b>RULE</b> -	<b>CLASS</b> 375	<b>GROUP ART UNIT</b> 2631	<b>ATTORNEY DOCKET NO.</b> 195671US8
<b>APPLICANTS</b> Martin Rofheart, Washington, DC ; John W McCorkle, Laurel, MD ;  <b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 12/08/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> DC	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 47
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b>  22850				
<b>TITLE</b> Method and system for enabling device functions based on distance information				
<b>FILING FEE RECEIVED</b> 703	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			
				<input type="checkbox"/> All Fees
				<input type="checkbox"/> 1.16 Fees ( Filing )
				<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
				<input type="checkbox"/> 1.18 Fees ( Issue )
				<input type="checkbox"/> Other _____
				<input type="checkbox"/> Credit



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CONFIRMATION NO. 43

SERIAL NUMBER 09/685,202	FILING DATE 10/10/2000  RULE	CLASS 455	GROUP ART UNIT 2681	ATTORNEY DOCKE NO. 195671US8
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## APPLICANTS

Martin Rofheart, Washington, DC;

John W McCorkle, Laurel, MD;

\*\* CONTINUING DATA \*\*\*\*\*  
None

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
\*\* 12/08/2000

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY DC	SHEETS DRAWING 13	TOTAL CLAIMS 47	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

## ADDRESS

Oblon, Spivak, McClelland, Maier & Neustadt  
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1755 Jefferson Davis Highway  
Arlington, VA  
22202

## TITLE

Method and system for enabling device functions based on distance information

FILING FEE  RECEIVED 703	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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